

MAY. 2. 2005 4:26PM

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MAY 02 2005

NO. 4879 P. 3

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

**David M. FINK, et al.**

Examiner: **SHAMEEM, Golam M.**

Application No.: **10/088,250**

Art Unit: **1626**

Filed: **December 23, 2002**

Title: **THIENISOXAZOLYL-AND  
THIENYLPYRRAZOLYL PHENOXY  
SUBSTITUTED PROPYL  
DERIVATIVES USEFUL AS D4  
ANTAGONISTS**

**TELEFAX CERTIFICATE**

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**Amendment and Response Pursuant to 37 C.F.R. 1.111**

Commissioner for Patents  
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Sir:

This is responsive to the Office Action mailed 11/1/2004 in relation to the captioned patent application. Reconsideration and withdrawal of the outstanding rejections and objections in view of the remarks set forth below is respectfully requested.

MAY 02 2005

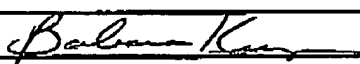
PTO/SB/21 (09-04)

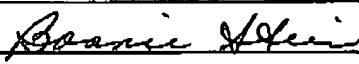
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/088,250	
	Filing Date	December 23, 2002	
	First Named Inventor	David M. FINK, et al	
	Art Unit	1626	
	Examiner Name	Golam M. SHAMEEM	
Total Number of Pages in This Submission	21	Attorney Docket Number	USHMR2023 US PCT

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	<input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	AVENTIS PHARMACEUTICALS INC.	
Signature		
Printed name	Barbara E. KURY'S	
Date	May 02, 2005	Reg. No. 34850

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